CDC Press Releases

CDC Telebriefing on the Update on Ebola outbreak in West Africa

Press Briefing Transcript

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KATHERINE LYON DANIEL: Welcome to the CDC's media briefing about the ongoing CDC response to the Ebola outbreak. Thank to those of you here in the room, on the phone and watching via webcast. CDC works around the clock and around the globe to save lives and protect people from health threats. Today, we will hear from CDC director Tom Frieden. Following his remarks we will take questions from media in the room and on the phone. Thank you. Dr. Frieden?

TOM FRIEDEN: Thank you very much for joining us today. I've just returned from West Africa yesterday. I visited all three countries where Ebola is spreading. The men, women and children I met and spoke with, the health care workers responding to people from within countries, patients, the survivors and relatives of those who died will always be with me. The bottom line is that despite tremendous efforts from the U.S. Government, from CDC, from within countries, the number of cases continues to increase and is now increasing rapidly. I'm afraid over the next few weeks; those numbers are likely to increase further and significantly. There is a window of opportunity to tamp this down, but that window is closing. We need action now to scale up the response. We know how to stop Ebola. The challenge is to scale it up to the massive levels needed to stop this outbreak. This is really the first epidemic of Ebola the world has ever known. By epidemic what we mean is it's spreading widely through society but not spreading through new ways according to everything we know. It's spreading from just two routes– people caring for other people in hospitals or homes. And unsafe burial practices where people may come in contact with body fluids of someone who has died from Ebola. That is really the achilles heel of this virus. We know how it spreads. We know how to stop it from spreading. The challenge is to do that everywhere that's needed. In order to do that effectively, speed is key. The number of cases is increasing so quickly that for every day's delay, it becomes that much harder to stop it. There are three key things that we need. The first is more resources. This is going to take a lot to confront. The second are technical experts in health care and management to help in country. And the third is a global coordinated unified approach because this is not just a program for– this is not just a problem

for West Africa, it's not just a problem for Africa, it's a problem for the world and the world needs to respond. I'll start with what's happening now and some of the things I saw. I met a young woman, I'll call her Fatima. She is 22. She's in the fourth year of a four-year program at university. And her sister in law came to visit from Sierra Leone. Her sister-in-law's young child, daughter, 10 years old was ill. She held the child in her arms and comforted her. That's how she became infected with the Ebola virus. Because other people in her family had also become ill and been diagnosed, she learned early that she had Ebola and she was able to go to the treatment unit and she was able to be saved. Earlier treatment with the tools that we have at hand saves lives and reduces spread in the community. But while she was in the treatment center, I asked her what was the hardest thing about it? She broke into tears, and she said she was next to her big brother when he died horribly from Ebola. She was horrified by the symptoms he was having. She was horrified that she couldn't help him. She was terrified that she was next. That's the kind of reality that people in this region are dealing with every single day. I went into the Ebola treatment unit that doctors without borders or MSF has set up. And there I saw patients surviving; patient's recovering, but also tremendous needs. MSF is working under incredibly difficult circumstances, so difficult it's even hard for them to keep up with providing basic care for the people there. But by helping get those people care, they're saving lives, and they're preventing spread in the community. In some ways, what I saw– in some ways the most upsetting thing I saw is what I didn't see. I didn't see enough beds for treatment. So in one facility which had just opened with 35 beds, there were 63 patients, many of them lying on the ground. I didn't see data coming in from large parts of the country where Ebola might be spreading. I didn't see the kind of rapid response team that's needed to stop a single cluster from becoming a large outbreak. I didn't see the kind of efficient management systems and support and transport and jeeps that are essential for a rapid and effective response. That is the situation now. Everything I've seen suggests over the next few weeks it's likely to get worse. We're likely to see significant increases in cases. Already we have widespread transmission in Liberia. In Sierra Leone, we are seeing strong signs that that will happen in the near future. That's why I spoke to people at every level of each society, from patients, survivors, families, health care workers, people who run health care facilities, ministers of health and each of the presidents to think about what we can do together to get this under control. Because it's not just in the interest of these countries to get it under control. For every day that this continues to spread in West Africa, the likelihood of someone getting infected and becoming sick elsewhere increases. And we expect that there will be more people in countries like Senegal and Nigeria who come in and have the illness. That means as long as Ebola is spreading anywhere, all of us need to be concerned and make sure we're identifying people who could have it and taking prompt action so it doesn't spread. There's also a real risk to the stability and security of societies as governments are increasingly challenged to not only control Ebola but provide basic health services, security services, and keep the government running, the stability of these countries, of their economies, of their neighbors and of others is increasingly at risk. And there is a theoretical risk that may be very low; we simply don't know that Ebola could become easier to spread through genetic mutation. That risk may be very low, but it's probably not zero. The longer it spreads, the higher the risk. Faced with all of those challenges, it's certainly possible to feel hopeless, and there are times in my career where challenges have seemed to be overwhelming. But it's not hopeless. We do know how to stop Ebola. The window of opportunity is not yet closed. We can turn this around. Sometimes the problem can seem so large it's hard to get started. But we can chip away at the challenges one by one and begin

getting the situation under control. We can work with communities that don't yet have Ebola in these countries, to have them well prepared so if a single case occurs, it stops there. We can work in the communities where Ebola is spreading widely to make sure we tamp it down as much as possible and we give care and treatment to those who need it. The countries are willing. In an Ebola treatment unit run by doctors without borders (MSF), more than 90 percent of the staff are local. I saw a unit in the capital of guinea where there was only one international staff or two international staff working last week. The Guineans, the Liberians, the Sierra Leoneans are learning how to handle this. Each president said the same thing to me, tell us what to do, we will do it. If we can't do it, help us to do it. Teach us to care for Ebola patients, to set up a treatment unit, to manage the system more effectively. If we can't do it ourselves, help us with those things, whether it's trucks, personal protective equipment, more medical experts or management experts. The countries are engaged, they're willing to stop it. They need the world to work with them. This isn't just these countries problem, it's a global problem. In the Ebola treatment center, I got a sense of what it's like to work in personal protective equipment. It's roasting hot, very difficult to move, a distressing environment to work in because you see the enormous needs and you realize there may be some risk. Sweat pours down into your goggles and into your eyes, the ability to draw an intravenous line or draw blood is hard with two sets of gloves. That's the difficult environment people are working in. But MSF never has had the slightest problem to get people to work there from within the countries. They train them. They support them. And the people in the countries themselves are willing to do their part. I talked to the director of one group that does very important work. It's a little gruesome. It's the burial team. The number of dead bodies is increasing. It's hard for the burial team to keep up. The burial team needs to work in that same, full, personal protective equipment. You need multiple members there's to make sure they're removing the bodies safely. One of the teams was working until 10:00 at night. When they got home after being– making sure they safely removed their personal protective equipment, their family and community was not leading them sleep in the house, because of stigma. They had to sleep on the ground; they got up the first thing the next morning to begin the same work. They're committed to stopping the outbreak. All of us have to have that same level of commitment. All of us have to ask what we can do to stop it. I went to a call center where 100 volunteers are working 24 hours a day, seven days a week without pay to answer thousands of calls a day and route them to where people can address people's needs. Every community has strengths. One of the challenges is to identify how to enlist those strengths in fighting Ebola. For example, there are large businesses in these communities that have taken a role in supporting the efforts. I went, for example, in Liberia to the firestone company, which is, as I understand, the largest rubber plantation in the world. They had Ebola cases. They realized they were going to have to manage them themselves. They created an Ebola treatment unit. They got the floor plan, they did it themselves, they trained their staff, and they admitted everyone who had Ebola. They got the tests done by the CDC lab there. And they identified 73 contacts. They placed all of those contacts into rooms, monitored them for 21 days, 11 of those contacts became ill with Ebola. They immediately put them into the isolation facility and they did not have a single additional case. Their Ebola outbreak stopped. The same thing was done by the military in Sierra Leone. So, those same tools that are working to stop Ebola in individual communities need to be scaled up widely throughout Liberia and Sierra Leone and guinea which is in considerably better shape as of today. Take this as a warning because they also have seen a big increase in the last couple of weeks. The approach has to be specific to each community. In theory it's not hard to stop Ebola. We

know what to do. Find patients quickly. Isolate them effectively and promptly. Treat them. Make sure their contacts are traced and tracked for 21 days, if they develop fever, do the same thing and make sure they're tested and treated. Make sure health care is safe and that burial practices are safe. The challenge is not those efforts, it's doing them consistently at the scale that we need. One of the most experienced Ebola experts in the world was there on one of my site visits, his comment to me summed up my visit. What has worked to stop every Ebola outbreak until now will work here if we can get it to scale. That's the number one challenge. That's why I do have hope. That's why the window is not yet closed. Because we can make progress community by community little by little to turn it around. We know how it spreads. We know how to stop it. There's a lot that everyone can do. If you want to help there are great groups that are helping out there. Whether it's MSF, doctors without borders, UNICEF, the CDC foundation or any other group helping on the ground. If you have specialized skills and are willing to work and have worked in this kind of environment before, it's not something for someone who has not been there before in this kind of environment, not only doctors and nurses, but people who know how to run a health care facility in low-income country and work in environments, contact a group like MSF or the world health organization or save the children or others that are involved and see if you can be of assistance if you can do that. For everyone else, it's really important to recognize that we are all in this together. Like it or not, we're in an interconnected world. And what happens in West Africa has a direct bearing on our own ability to go about our lives. We can stop worry being it here when it's controlled there. But the window of opportunity really is closing. I could not possibly overstate the need for an urgent response. An urgent response to get more patients into care, more work getting done in the communities, safer burials, all of these things will begin to get this outbreak under control. While I fear we will see a worsening over the next couple of weeks, I remain confident that we can make a difference here, it's not too late, and that we can control it if we act now. I'd also like to say that I also saw many signs of hope. I got to hold a 2-year-old kid who's healthy, kicking, and she's a survivor. She had Ebola, her parents have died. But she's being raised by family. She's strong. She's learning. And she's a symbol of hope. We're seeing an increasing number of people surviving Ebola. While some of them are experiencing significant stigma in their communities, many of them are a big part of the solution. Getting the message out that we can beat Ebola, that individuals can survive Ebola. There's nothing mysterious about what we need to do. The only real question is whether we'll do it fast enough. Thank you very much. I'll now take questions, starting with the room; we'll also go to the phone.

ALEX SANZ: Alex Sanz with the Associated Press. Given what you saw on the ground and what we know about the spread of this since, beyond the obvious health impact to West Africa, can you talk a bit about what the impact has been with the shortage of food, other supplies as borders close and supplies can't get in? What was your takeaway on that and how much more serious can that make things down the road if this isn't controlled sooner than later?

TOM FRIEDEN: This is a big problem. So, we have, for example, the African union willing to send doctors, nurses, health administrators and during the time I was there, they were stuck in another country because their flight had been canceled and couldn't get in. I was going to leave on one day, I ended up leaving a day earlier, rushing to the airport because the flight I was going to be on was canceled. When I tried to get from Sierra Leone to guinea, my flight

was canceled. I had to hop on a U.N. charter plane to get from one country to the next. Getting supplies in, getting people to respond in, that's a big challenge. I paradoxically, the more the world isolates and stops contact with these countries, the harder it will be for them to control the outbreaks. The more cases there will be. The less safe countries elsewhere will be. Like it or not, we're connected. It's in all of our interests to help these countries stop their outbreaks. The U.S. government is leaning forward to do that. The U.S. agency for international development has made nearly $20 million available since the start of the outbreak or reported start of the outbreak in March. That includes everything from personal protective equipment to contracts for helping with safe health care and safe burials to stop the outbreak. At CDC, we have more than 70 people on the ground today in the four countries dealing with Ebola. We're also sending teams to Senegal and the Ivory Coast to respond as well. They're doing everything from tracking the outbreak, to helping improve infection control to ensuring that people leaving the country are screened to see if they have fever. We've surged– we have in the room with us two people who have been a part of that response. Dr. Meredith Dixon, an epidemic intelligence service officer, who sent two months in guinea. We sent dozens of officers over to the region. I've been privileged over the past week to travel with them and see the work they're doing to help make a difference and begin to get the outbreak under control. And Benjamin Monroe, who has helped with communication, outreach, trying to figure out how can we get the message out effectively to ensure that we can have a rapid and effective response within countries. These are critical activities. We'll continue them. And it's an example of has we're doing. I think everyone needs to say what can we do, what can each of us do to do more to stop this outbreak before it becomes even worse. Next question?

JEANNE BOONER: Thank you, Jean Bonner. You were saying the world needs to response. The sense I got a little bit is maybe some folks are not stepping up. Is there more that the U.S. can do? Is there more that Europe can do? This– this sounds like the world is not responding enough. What needs to be done?

TOM FRIEDEN: There's been a lot of global collaboration. The European Union is sending laboratories. We met a Chinese delegation sending a laboratory. The South Africans have opened a laboratory. The Canadians have a laboratory have a lab up and running. MSF has been doing a phenomenal job. The challenge is that the number of cases is so large that the outbreak, the epidemic is so overwhelming what it requires is an overwhelming response. Rapidly, effectively deploying resources to tamp it down where it's spreading wildly. On the phone? Do we have a question on the phone?

OPERATOR: Our first question on the phone is with Miriam Falco with CNN Medical News.

MIRIAM FALCO: Thank you for taking the questions. I have two. One is the follow-up to what you just answered who are you addressing when you say we need more help? You enlisted a whole bunch of countries who that already are? Who can do more? You mentioned how this window of opportunity is quickly closing. How big is that window? That's the first question. The second one is the number of suspected cases is much higher probably. You said that, the W.H.O has said that. But what specifically is not happening to get a better count of how many people have this virus? How big this outbreak really is? From what you're describing, it's very dire. If it's much larger than you think, health experts think, it's an even bigger crisis. Isn't that then shrinking the window even more?

TOM FRIEDEN: Well, we know there are many undiagnosed cases. We know many patients are having disease in places where they may not see a doctor, or they may not have a specimen drawn for Ebola. And one thing that our staff has been doing it improving the tracking and reporting of cases so we can get a better handle on what's happening. I can't say exactly how long the window is. I can say for every single day we don't increase our response further, it will get more difficult to control. The peak will be higher. It will last longer. And we're really addressing every government, every part of society within these three countries, individuals, religious leaders, political leaders, business leaders, among– throughout Africa, those who can help. And for every government and every organization to think about what you can do.

MIRIAM FALCO: But this was the same thing addressed by the WHO a month or two ago. Why is this still not happening? It's a very important plea you're making, but why hasn't it formalized yet? Why hasn't it happened?

TOM FRIEDEN: I think the challenge is pace. The Doctors Without Borders– Doctors Without Borders director in one of the countries said to me everything we do is too little too late. He was referring MSF specifically. This is not for lack of trying. The virus is moving faster than anyone anticipated. That's why we need to move fast. Other questions in the room who haven't asked?

VINCE SIMS: Vince Sims, CBS 46 News. If you can elaborate, you mentioned this will likely get worse over the next few weeks. Elaborate when you say worse, how bad are you talking? Are you talking about spreading to other countries? To the United States? When you ask for help and other people need to step up, are you talking about the private sector, the medicines that we've been hearing about that has been given to some patients, does there need to be more of that over there?

TOM FRIEDEN: I am not going to predict number. I will just say that we should everything we can to keep that number as low as possible. I do think there's a risk to people traveling to countries when they get ill or becoming ill in other countries. The incubation period is 8 to 10 days average, and can be as long as 21 days. So it is certainly possible we will see cases elsewhere. That's why we are alerting clinicians throughout the U.S. to think of Ebola and people who have been traveling to countries that have been affected and to rapidly test for it. We have helped laboratories around the U.S. become able to test for Ebola safely and accurately. That's in place now so that testing can be done quickly. We don't think Ebola would spread widely within the U.S. Routine health care infection control would probably prevent most transmission. We had five cases of other bleeding viruses in the U.S. over the past decade. Four of a virus called Lassa, one of Marburg, very much like Ebola. Even though they were not identified in the hospital before they were diagnosed, even though people did not take special precautions there was not a single secondary spread from that. That doesn't mean there couldn't be a family member or health care worker who didn't think Ebola, but we don't think we will see a widespread transmission in the U.S. as it is being spread now.

VINCE SIMS: And the private sector– the second part of that, are you also asking when you mentioned help from other places, the private sector, the drugs we've been hearing about, is that part of the solution?

TOM FRIEDEN: We certainly hope to get support with in-kind contributions from companies that can be making things to be used now, if those can be brought over and they are appropriate. In terms of new medicines, new vaccines, we can certainly hope that they will be available, but we can't count on it. In terms of the medicines, the supply of the first experimental medicine, ZMapp has been completely exhausted, and my understanding is making more of it is very difficult. First off, we don't know whether or not it works. Second, if it does, we don't have it. We can't rely on it. Vaccines have begun clinical trials. I think that's very exciting. We hope they'll work out and ensure they're safe. We don't have large quantities of them. If they are safe, we'll have to figure out if they're effective and figure out how to use them to help address the spread of Ebola. So we're a long way from having these. But any new tool we have would be most welcomed. We shouldn't forget, though, that things that we have today: standard medical care of hydration, monitoring of patients, of helping patients remain in good fluid balance that saves lives. That needs to happen as quickly as possible for as many patients as possible, not just for their sake, but because the more care they can receive in centers, the quicker they'll go there, the less spread there will be in communities, the more likely they are to survive. Is there a question here?

SAVANNAH LEVINS: Savannah Levins, 11 Alive News. It's my understanding that some human trials for, you know, a vaccine are happening now. You seem to be implying that we don't have time to wait around for that. And that we need to be quarantining it, tracking it. Is that what you're saying?

TOM FRIEDEN: We can hope that a vaccine works out and that medicines are proven safe, effective and available, but we can't count on it. What we can count on is that the quicker we apply the proven means of finding patients, making sure that they stop spreading disease, providing care to them, finding their contacts, making health care safe and burial if necessary safe, the sooner we do that, the sooner cases will begin coming down. Next question in the room?

MICHELE MARILL: Hi, thank you. I'm Michele Marill with Hospital Employee Health Newsletter. You mentioned the case of the young woman who was holding the child and later acquired Ebola. My understanding was that it spread through blood and mucus membranes. I'm assuming she wasn't scratched, or didn't have an open wound. Why would she have gotten Ebola from that kind of contact? And is there something already about this strain that is causing it to be more transmissible since we're seeing something that's unprecedented here?

TOM FRIEDEN: Nothing that we've seen so far suggests that Ebola is spreading differently in this outbreak. But it is in a very different circumstance. In this case, the young woman was holding her niece. The niece had nausea, vomiting, and diarrhea. She had a lot of body fluids, the sicker someone is, the more of the virus they have. When someone is not sick, they can't spread it. The sicker they get, the higher the viral load and the more infectious they are. If you have a little bit on your hands, then you wipe your eye or touch your mouth, you can get infected. That's presumably what happened in this case. The health education messaging for the countries that are affected is really pretty simple– don't touch people who are sick or their body fluids and don't touch people who have died or their body fluids. Those two key messages need to be gotten out throughout the communities. It's not easy to do. I spoke with the minister of health in one of the countries who had just gone to a remote rural area.

They don't have radio, they don't have television or telephone coverage. There are a lot of misconceptions in the rural area that need to be addressed.

TOM FRIEDEN: On the phone?

OPERATOR: Our next question comes from Julie Steenhuysen with Reuters The line is open.

JULIE STEENHUYSEN: Hello, Dr. Frieden. You were talking about the window closing. When did it open? I'm just curious if we sort of– if the world has sort of underestimated this outbreak given the fact that there's never been anything like it? And if sooner action, quicker action and, you know, a larger response might have stemmed this outbreak much earlier and, you know, averted some of this crisis.

TOM FRIEDEN: I'm focused on the future. I think what we need is a no-regrets policy. We need to do whatever we can now so we don't look back a few months from now and say, gosh, we wish we had done more then. That's what we have to focus on.

JULIE STEENHUYSEN: I have a quick question about, you mentioned briefly mutations. I know there was a study that also showed the virus is mutating some. I'm wondering if you're following up or what do we know about whether or not this virus has mutated in a way that makes it easier, more transmissible?

TOM FRIEDEN: This is one of the things we're looking into. In general, the Ebola virus has not changed a lot over the 40 plus years that we've known it. So that's somewhat reassuring. And that it's not one of those viruses that changes frequently. But that doesn't guarantee it won't in the future. So one of the things our laboratory specialists will be doing with the advanced molecular detection initiative is to sequence viruses overtime from individual patients and over time in the outbreak to see if there are changes. That will take some time to do and we'll have to track it to see if there are changes. But right now we don't see any evidence that there is a change that would make it more transmissible. On the phone? Next question on the phone?

OPERATOR: Our next question comes from Dan Childs with ABC News. Your line is open.

DAN CHILDS: Thank you so much for taking my question. We have heard since the beginning of this that one of the challenges that you faced is the doctor/population in these countries, which is very, very low. Do we have any clues as to what the doctor/population ratio is now considering that there are many doctors from other countries there helping out? And specifically how many more doctors are needed in order to kind of put the kind of lid on this that we would like to?

TOM FRIEDEN: To turn this around is going to require lots of effort. It will require highly specialized people to work in the areas of Ebola treatment. The need is not just for doctors, but doctors, nurses, health administrators, emergency managers, people who can stay for long periods of time, three months or more who are used to working in very difficult environments. But the bulk of the response will be from the people in these countries themselves. They're willing, they need the resources to get the materials they need, they need the training to do what they need to do. The exact numbers are hard to pin down, but

fundamentally working with groups like Doctors Without Borders, MSF and the World Health Organization, we can help. It makes a huge difference to have international assistance to help train people from within each of the countries to do what they need to do to stop Ebola there.

DAN CHILDS: Just one follow-up. We heard that there have been high rates in health care workers in terms of infections and how health care workers have suffered a great burden in terms of death. To what extent do we know that the protocols that prevent the transmission, acquisition and spread of the virus are in place and being followed in the places that are treating these patients?

TOM FRIEDEN: For the Ebola treatment units, scrupulous infection control makes them quite safe. When I was inside the Ebola treatment unit run by MSF, I felt completely safe. You're basically swaddled in protective gear. If you're not risking a needle stick, the risk is essentially nil. The challenge is things like removing those– that equipment if it's soiled and doing that very, very carefully. Doctors Without Borders and MSF is extraordinarily careful in doing that. As I came out of the treatment unit, the person who was a local person, trained by MSF, was basically screaming at me, you know, hold your hand this way, do this, move this way and spraying me down with bleach at every step of the way to make sure I was safe. The biggest risk to health care workers has not been in the Ebola treatment units. It's been in the general health care system because Ebola in these countries doesn't look very different from a disease like Malaria or Typhoid or Gastroenteritis. When it starts, it has very similar symptoms. So what we have emphasized is what's called triage. Put anyone who might have Ebola in this group and people who don't in this group. Use universal precautions for both. For those who might have Ebola, assume that they do until proven otherwise. One of the real challenges in these countries, particularly Liberia and Sierra Leone is getting the health care system up and running again. Ebola is not just harming people by Ebola virus disease itself, it's also harming people by essentially shutting much of the health care system because people are afraid to go– health care workers are afraid to go. That's exacerbating the situation. One of the things we'll be doing is helping to establish a core level of infection control at every health care facility throughout the country so health care workers are better protected.

DAN CHILDS: Thank you.

ERICA BAYFIELD: Erica Bayfield, WSB TV here in Atlanta.What changes are you guys planning on making here in Atlanta in the coming weeks and days. What are the next steps ahead and do you have any other waves of employees heading that way?

TOM FRIEDEN: We recognize this is an emergency response. When we started we were sending folks over for short terms of a month or so. As this has gone on longer and we realize this is going to be a long, hard fight we are shifting the way we'll do that. We'll be looking to send people for longer tours of duty, maybe coming back for a couple weeks of rest so they don't get burned out. The longer you're in place in a country, the more effective you can be. I really want to spend a minute to give credit to the people at CDC working there. They're working in difficult environments doing a remarkable job. I visited rural areas where they are doing everything to make sure contacts are traced, to ensure that the laboratory work is done the same day so that patients can be promptly diagnosed. If there is a problem with the laboratory, troubleshooting it, fixing it and taking on the work of other laboratories. We have

been helping each of the countries establish their own incident management system, so they can have a more organized and structured response. CDC staff are working seven days a week, fourteen, sixteen, eighteen hours a day in difficult environments to help get the outbreak under control. We will continue to be there. We will continue to support countries and the World Health Organization. That's what we do. It helps them and helps us. It's inspiring to see the work our staff does there. On the phone?

OPERATOR: Our next question comes from Betsy McKay with the Wall Street Journal. Your line is open.

BETSY MCKAY: Thanks. Dr. Frieden you mentioned the increase in Guinea, which we heard a bit about. Can you talk about that a bit more? How concerned are you about what's going on there? What do you think is driving this new wave? And could there be an explosion there like Liberia has experienced?

TOM FRIEDEN: Guinea has a different situation from the other two countries. So far they had far fewer cases. But over the past two weeks they have had a spike in cases, particularly in one community, where there's been a lot of resistance to the prevention measures that have been encouraged. This is a community which does not have access to radio, which has been isolated, and which has a lot of misconceptions. For example, when people were going in with sprays of bleach to sterilize after people had died; the rumor went around that that was spreading Ebola with that spray. So there are a lot of misconceptions that need to be dealt with. The border of the three areas, where Guinea, Sierra Leone and Liberia meet is a dense forested region with about one million people in it roughly. That has been the epicenter, if you will, the crucible of this outbreak. And that has been where most of the cases have been, and where it's continued to smolder and burn throughout all of these outbreaks and where we believe it most likely started. We are thinking about new ways to reach that population more effectively. For example, we have Malaria prevention and control programs in that region. That forested area has an extraordinarily high rate of Malaria. If we can get bed nets and Malaria treatment out, we can reduce the number of fevers, make it easier to diagnose Ebola and increase the trust of the population. This will be a long, hard effort but there are definitely specific things we can do. In Guinea they're looking carefully at what's happening in neighboring countries to do everything they can to prevent that from happening there. On the phone?

OPERATOR: Our next question comes from Mike Stobbe with the Associated Press. Your line is open.

MIKE STOBBE: Thank you for taking the question. First, Dr. Frieden, I want to make sure I understood, did you basically put out a call for volunteers earlier? I understand it to be a call for specialized volunteers with certain experience? Is that what you did on this call? My second question is, could you give us some specifics. You said several times of closing windows, the needs for resources, but no specifics. Could you say we have x number of labs, we need y, what's the y number? How many Ebola treatment center beds do we have? How many do we need? How many doctors do we have? How many dollars do we have committed, how many do we need?

TOM FRIEDEN: In terms of people, there is a need for people to help out. Not going as

individuals, but part of organizations. Not just anyone, but someone who has the specialized and technical experience. We have been speaking daily with MSF, Doctors Without Borders, that's one group to potentially work with. The World Health Organization put out a call for foreign medical teams. I met some of them in the region working there in a WHO setup to help. There are other organizations as well that are beginning to scale up services. Yes, there's a need for people to go to the region and work. If you got the skills, you're willing, you're able and you can stay for a good chunk of time. In terms of dollars, as you know, the world health organization put out an appeal for $490 million. I think that's a good start. I'm afraid this is going to be a difficult and expensive effort. So all support is appreciated. The earlier their support, the better. There are many critical things that have to happen, like getting more treatment unit beds up, ensuring the support is there for the government to act quickly, getting all sectors of society working together and communication and messaging out. We have time for two more questions. One from the phone, one from the room.

OPERATOR: Our next question from Lena Sun from the Washington Post. Your line is open.

LENA SUN: Hi, Dr. Frieden, thanks for taking this call. I'd like to follow up on what Mike asked you, which is if what is needed is a global coordinated response, is there a global list, let's say, of exactly how many treatment beds and who is providing those beds? You know, for example, the private sector, you mentioned firestone and what they did to keep their situation isolated and not turn into an outbreak. What about all the global multinational companies working in these countries? Has anyone gone to them and asked them to share their resources in a broader way? And my last question was, what specifically what did you see on this trip that changed what you knew or had heard about the outbreak, you know, that brought home something different to you than what you previously thought.

TOM FRIEDEN: That's three questions, but to take them one at a time, the needs are as per a framework document developed by the World Health Organization and the United Nations, I think that’s quite appropriate. It's outlined what is needed. The details need to be country specific. We need to get increasingly to a country-led process of identifying and rapidly meeting needs, whether that's for an emergency operation center, a treatment bed or assistance with the vehicles and staff needed to bury people safely. The countries have to be the locusts of making this happen fast, because the realities on the ground change remarkably fast. And we have to be ready to adapt to those changes. In terms of companies, the U.S. Embassy and others have reached out to companies in the area and we'll be doing that increasingly. One of the companies provided free gasoline to outreach workers working with Ebola. We have a good start, but it's in their interests to end this sooner rather than later. I know they want to do that as well. That's an area where we hope to see more progress and more things done quickly in the coming days. In terms of what I saw, I think it's hard as well as we understand the data at CDC, seeing it firsthand is just different. Seeing the tremendous increase in cases, you know, to give you one difficult story, I was riding down in an elevator with one of our epidemic intelligence service officers one morning. I said how is it going? She said terrible. Why? She said yesterday in the community I am working in there were 19 dead bodies called in for removal that they couldn't get to. There were 35 new cases that they couldn't get to to isolate and interview. That's a level of outbreak that is just beyond anything that we have seen before or even imagined before with Ebola. The other thing I saw was a tremendous commitment on the part of people in countries to stop it. I saw hope among the survivors who are living proof that you can beat this disease. I saw places like the firestone

company and the armed services hospital in Sierra Leone, which has stopped it using the same tools we used before. The challenge is not knowing what to do. The challenge is doing it now. And I come back with that perspective even more forcefully in my mind than I left with it. One more question in the room? No. All right. Well, thank you very much for your interest.

KATHERINE LYON DANIEL: Thank you, this concludes today's media briefing. I invite media with additional questions to call 404-639-3286. For more information on today's topic, you can visit www.cdc.gov/vhf/ebola/. Thank you.

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